PTO/SBJ08 (08-03) Approved for use through 7/3 U/2005, ONB 0551-0032
U.S. Palent and Tratemark Ottics; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a yaid OMB control number. Application to Ooches pumper PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THANCLASS S AS FII ED --CLAIMS AS FILED - PART I OΩ SMALL ENTITY SMALL ENTITY arrivan si (Column 1) (Column 2) asber fres RATEGE FEE NUMBER EXTRA RATE NUMBER FILED FOR BASIC FEE (37 CFR 1.16(a)) Z :. ..... OR I TOTAL CLAIMS X:5 - : :: a., OR minus 20 = G7 CFR 1,16(c)) NOEPENDENT CLAMES OR X S eri in maas OR (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAM PRESENT TOTAL OR ' " If the difference in column 1 is tess than zero, enter "O" in column 2. TOTAL rlaims at amendee -CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITYCOLUM SMALL ENTITY (Catumn 2) (Column 3) (Column 1) CI.AD HICHEST CLANAS RATE ADOS: st 25. ADDI-PRESENT RATE NUMBER REMAINING TIONAL AFTER AMENOMENT PREVIOUSLY enet I. ENDMENT FEE IFRES::D: PAID FOR 3 2 20 COM. . 100 610 ÔR : x : 25-OR CI CAS Freight . ... FIRST PRESENTATION OF MILETIPLE DEPONDENT CLAIM (37 CFR 1.18(III) OR TOTAL TOTAL 750 lan Complant ADDIFEE OR . ADD'L FEE i-Colum (Coturn 2) (Column 3) NODE: JAK HIGHEST CLAIMS REMAINING RATE . ADDI-TIONAL PRESENT RATE NUMBER PREVIOUSLY 0 THOMASETE EXTRA AFTER I FEBEND! 탖 FEE PAID FOR MANDMENT 7 \$ G: 57 Total promisions OR ፩ Minus E STORY CONT. a AMEN x s 9. ..... \* . 13.\* OR . FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR + 1841)) TOTAL ADD' FEE OR ADD'L FEE 0 8 25 (Column 3) (Column 2) (Column 1) CIA CLAIMS HIGHEST U,RATE ADDELLAN PRESENT RATE -ADDH--::3 O REMAINING NUMBER TIONAL PREVIOUSLY AFTER FEREND AMENDMENT FEE PAID FOR Total

Control

Contr AMENDMENT Man: Total profit i, iqui 49 49 a OR X S Tig beiert gegeben. Iner ne unte gereich PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 OFR 1,15(d)) OR TOTAL \* 8 the crity in column 1 is less than the entry in column 2, write "O' in column 3.

\*\* If the Trighest Number Previously Paid For In This SPACE is less than 20, enter "20".

\*\* If the Trighest Number Previously Paid For In This SPACE is less than 20, enter "20".

\*\* The Trighest Number Previously Paid For In This SPACE is less than 3, enter "20".

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\*\* This collection of information is required by 37 CFR 1,16. The information is required to obtain or retain a benefit by the public which is to-like (enterty) by 27 CFR 1,16. This collection is estimated to take 12 minutes to complete a substitute of the property of the part of the TOTAL ADO'L FEE